

## Individual Coach Application for Certification or Initiative

### A. General Information / Contact Details:

FULL NAME: \_\_\_\_\_

Your Sport: \_\_\_\_\_

Birth Date (dd/mm/yy): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

City/Town: \_\_\_\_\_

Fax: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

NCCP #: \_\_\_\_\_

Current NCCP level: \_\_\_\_\_

### B. Funding details:

Are you applying for (please select one):  Certification  Initiative

### C. Have you included the following information: (check all of the information included with your application)

..... Endorsement of Provincial Sport Organization (using the form attached)\*

\* In the absence of a Provincial Sport Organization in good standing with Sport Nova Scotia, applicants are asked to contact Candice Petten at SNS (tel. 902-425-5450 ext. 372; fax. 902-425-5606; email: cpetten@sportnovascotia.ca).

..... Written letters of reference from three sources (using the form attached)

..... Complete budget submission (including all revenue streams & estimate of expenses)

..... Comprehensive professional development / coaching plan

... Amount of Request (indicate the amount of money requested for this certification or initiative)

### D. Complete the following application and submit along with all supplementary information to

Candice Petten, *Support4Sport* Administrative Coordinator

c/o Sport Nova Scotia, 5516 Spring Garden Rd., 4<sup>th</sup> Floor, Halifax, NS, B3J 1G6

I consent to the collection and use of my personal information as stated in the Sport Nova Scotia Privacy Policy. I understand that the Sport Nova Scotia Privacy Policy is accessible at [www.sportnovascotia.ca](http://www.sportnovascotia.ca) or in electronic or hard copy format by contacting [sportns@sportnovascotia.ca](mailto:sportns@sportnovascotia.ca) or 425-5450.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_







QUESTION 5: Budget (cont'd)

Name of certification or initiative: \_\_\_\_\_

Date of certification or initiative: \_\_\_\_\_

**EXPENSES** (identify the approximate amounts associated with the certification/initiative in the areas noted below. Where appropriate provide details)

- > ..... Travel/Transportation (including such things as airfare, mileage, rental cars, taxis etc.) ..... \$ \_\_\_\_\_
- > ..... Accommodations (including number of rooms x number of nights x number of occupants x room rate) ..... \$ \_\_\_\_\_
- > ..... Food (estimate the costs of meals e.g., # of meals per day x days)..... \$ \_\_\_\_\_
- > ..... Event Fees (including registrations, conference fees, entry fees, tuition etc...) ..... \$ \_\_\_\_\_
- > ..... Other Certification Fees, Sanctioning Fees, Association Fees etc..... \$ \_\_\_\_\_
- > ..... Incidentals ..... \$ \_\_\_\_\_
- > ..... Equipment ..... \$ \_\_\_\_\_
- > ..... Other: \_\_\_\_\_ \$ \_\_\_\_\_
- > ..... Other: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES:** \_\_\_\_\_

**REVENUE** (identify approximate amounts of assistance available from the following sources for the certification noted above):

- > ..... \$ Available from NSO (National Sport Organization) ..... \$ \_\_\_\_\_
- > ..... \$ Available from PSO (Provincial Sport Organization) ..... \$ \_\_\_\_\_
- > ..... \$ Available from Club ..... \$ \_\_\_\_\_
- > ..... \$ Available from HPP (Health Promotion & Protection) ..... \$ \_\_\_\_\_
- > ..... \$ Available from Self ..... \$ \_\_\_\_\_
- > ..... \$ Available from Fundraising ..... \$ \_\_\_\_\_
- > ..... \$ Available from Sponsorships ..... \$ \_\_\_\_\_
- > ..... \$ Available from Other sources: \_\_\_\_\_ \$ \_\_\_\_\_
- > ..... \$ Available from Other sources: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL REVENUES:** \_\_\_\_\_

**AMOUNT REQUESTED from Support4Sport for this certification/initiative: \$ \_\_\_\_\_**

QUESTION 6: Using this form, ensure your application has the endorsement of **the President of your Provincial Sport Organization**. To do this, contact your Provincial Sport Organization (e.g., Soccer Nova Scotia) to review your application and get the PSO President to complete the following section. This section must be submitted along with the rest of the application.

All applicants must have the endorsement of their Provincial Sport Organization to be eligible for *Support4Sport* consideration. In the absence of a Provincial Sport Organization in good standing with Sport Nova Scotia, applicants are asked to contact Candice Petten at SNS (tel: 902-425-5450 ext. 372, email: cpetten@sportnovascotia.ca, fax: 902-425-5606)

Name of Applicant (please print) \_\_\_\_\_

Name of Provincial Sport Organization (please print) \_\_\_\_\_

Name of Provincial Sport Organization President (please print) \_\_\_\_\_

**Note to the PSO President:** Include any information you feel may be important for the Allocation Committee to know about this Applicant and/or the certification/initiative for which they are requesting funding through *Support4Sport*.

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I, \_\_\_\_\_, do hereby acknowledge that I have reviewed this  
(Print name of President)  
application and on behalf of \_\_\_\_\_ confirm its accuracy and support the  
(Print name of Provincial Sport Organization)  
application for financial assistance through *Support4Sport*.

Signature of President: \_\_\_\_\_ Date: \_\_\_\_\_

QUESTION 7: Applications must include three letters of reference from individuals who can comment on your coaching endeavours. Use the following form, and ensure that each letter is submitted along with the rest of the application by the deadline date.

**All COACH Applicants must have three written letters of reference to be eligible for Support4Sport consideration. These may include:**

- A Mentor Coach
- A Peer Coach
- A Master Course Conductor
- Academic Supervisor/guidance counsellor
- Others who can comment on your coaching involvement

Name of Applicant (please print) \_\_\_\_\_

Name of ENDORSER (please print) \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address \_\_\_\_\_

Mailing Address: \_\_\_\_\_

In what capacity have you been associated with the applicant? \_\_\_\_\_

How long have you known the applicant? (years) \_\_\_\_\_

**Note to the Endorser:** Include any information you feel may be important for the Allocation Committee to know about this Applicant and/or the certification/initiative for which they are requesting funding through *Support4Sport*.

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Signature of Endorser: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECKLIST: To ensure that your application is complete, have you....**

- Completed the cover sheet with all of your contact information? Yes \_\_\_\_\_ No \_\_\_\_\_
- Included all of the information about your past coaching involvement? (Question 1) Yes \_\_\_\_\_ No \_\_\_\_\_
- Included your coaching goals as part of a 1-2 year plan? (Question 2) Yes \_\_\_\_\_ No \_\_\_\_\_
- Described your coaching plans for the next 1-2 years? (Question 3) Yes \_\_\_\_\_ No \_\_\_\_\_
- Described the certification/initiative for which you are requesting funding? (Question 4) Yes \_\_\_\_\_ No \_\_\_\_\_
- Completed the budget table for each initiative & added supporting documentation? (Question 5) Yes \_\_\_\_\_ No \_\_\_\_\_
- Included the endorsement/signature of the Provincial Sport Organization President? (Question 6) Yes \_\_\_\_\_ No \_\_\_\_\_
- Included THREE LETTERS of REFERENCE (Question 7) Yes \_\_\_\_\_ No \_\_\_\_\_

**Send your completed application and all additional information to:**

Candice Petten  
**Support4Sport Administrative Coordinator**  
 c/o Sport Nova Scotia  
 5516 Spring Garden Rd., 4<sup>th</sup> Floor  
 Halifax, NS, B3J 1G6

**Coach applications reviewed by *Support4Sport* committee on a monthly basis**